	*Professional	*Fremont Association	*Teamster	*Operating
Contract Information	Engineers and	of City Employees (FACE)	Police Dept	Engineers
Represented Units	Technicians	**Confidential EE's (TCON)	Non Sworn	Local #3
	*PETA	* FACE / ** TCON	*TEAM	*OE3
Contract Eff Date	7/1/2002	7/1/2000	7/1/2000	7/1/2000
Contract End Date	6/30/2006	6/30/2003	6/30/2003	6/30/2003
Last Salary Increase Date	6/29/2003	6/30/2002	6/30/2002	6/30/2002
Amount of increase	3.185%	4%	4%	4%
Next Salary Increase				
Date of increase	6/27/04	6/29/2003	6/29/2003	6/29/2003
Amount of increase	3.185%	To be Negotiated	To be Negotiated	To be Negotiated
7 4.1104.11 01 11.11010400	0.10070	1000110901100	. o bo . togetatea	10 20 Negouatou
PERS Retirement Plan	8/11/2002	8/11/2002	8/11/2002	8/11/2002
Single Highest Year	2.5% @ 55	2.5% @ 55	2.5% @ 55	2.5% @ 55
1959 Survivor Benefit	2.0 /0 @ 00	2.0 /8 @ 00	2.070 @ 00	2.0 // (6) 00
City Contribution 8/11/2002	4.506%	4.506%	4.506%	4.506%
Member Contribution	8%	8%	8%	8%
*PERS Deductions under				
IRS CODE 414 (h) (2)				
Deferred Compensation	Voluntary	Voluntary	Voluntary	Voluntary
	EE pays	EE pays	EE pays	EE pays
Uniform (Annual)	N/A			N/A
Official (Affical)	IN/A	(Depends on Classification)	(Depends on Classification)	IN/A
Shoes (Annual)	N/A	(Depends on Classification) N/A	(Depends on Classification) N/A	\$150
Gloves (Annual)	N/A N/A	N/A N/A	N/A N/A	\$150 \$50
Tools (Annual)	N/A N/A	N/A N/A	N/A N/A	\$500
,		5% of Base Pay		N/A
Training Pay Tuition Reimbursement	N/A N/A	\$600 Max Per EE per fiscal year	5% of Base Pay N/A	\$ 600 Max per EE
Tuition Reimbursement	IN/A	\$10,000 Max per fiscal	IN/A	
		year for all employees		per fiscal year
Acting Pay	5% of Base for Acting Pay	Higher of Step 5 or 5% of Base	5% of Base for Acting Pay	5% of Base for Acting Pay
, .cg . u,	5 day minimum assignment	for acting assignment (5 day Min)	5 day minimum (cumulative)	5 day minimum (cumulative)
	10% Acting in Mgmt Class	Bottom or 10% for Acting Mgmt	o day minimam (damaidavo)	o day miniman (oundatio)
	5 day minimum assignment	5 day minimum assignment		
Call Back Pay (Base Pay)	2 hours	2 hours	3 hours	2 hours
Stand By Pay (Base Pay)	2 hrs Pd for 8-16 hrs	N/A	N/A	N/A
Cauciay)	3 hrs Pd for 16-24 hrs		1971	1977
Administrative Assignment Pay	N/A	N/A	5% of Base Per Pay Per	N/A
Shift Differential	N/A	N/A	3.72% of Base Per Pay	N/A
			Period for 40 Hr Schedule	
Anniversary Pay/Bonus	N/A	One Time Bonus at	Annual Bonus	One Time Bonus at
		15 Years = \$500	15 years = \$375	20 years = \$500
		20 Years = \$500	20 years = \$750	
Bilingual Pay	N/A	FACE	N/A	N/A
\$12,000 fund per fiscal year for		\$20 per pay period or		
bilingual pay-criteria to be determined		\$40 per pay period for		
by JLMC (for no more than 20 ee's)		Police Dept Employees		
[' ' '		, , ,		
		Max 20 EE's in Barg Unit		

BENEFIT PLANS AVAILABLE	PETA	FACE / TCON	TEAM	OE3
City Paid Health Benefits Allowance (HBA) Health Plans provided: Excess HBA over premium amount is paid to employee as taxable ABC Cash (cafeteria plan)	1/1/2003 \$800.00 HBA per month CalPERS Health Plans Premium Depends on Plan (Above amounts include Dental Prem Allowance)	7/1/2002 \$643.81 HBA per month CalPERS Health Plans Premium Depends on Plan	7/1/2002 \$690.00 HBA per month Teamster Trust Fund Monthly Premium for Teamster coverage is \$690.00 per month.	8/1/2002 \$793.00 HBA per month OE Local 3 Trust Fund Monthly Premium for OE3 coverage is \$898.00 per month.
Dental Plans Delta Plan for most. Premiums eff. 1/1/03	1/1/2003 Delta EE = \$ 33.96 Mo Delta E1 = \$ 62.40 Mo Delta E2 = \$ 100.46 Mo (Paid from HBA above)	1/1/2003 \$114.60 HBA per month Delta Dental Plan =\$120.92 Mo Pacific Union Dental = \$72.46 Mo Mandatory enrollment - employee must choose one of the 2 plans.	Coverage is Included in Trust Premium Above	Coverage is Included in Trust Premium Above
Vision Care (Vision Service Plan) Voluntary enrollment Premiums eff. 1/1/03	Premium EE= \$8.74 Premium E1=\$13.86 Premium E2=\$24.85	Premium EE= \$8.74 Premium E1=\$13.86 Premium E2=\$24.85	Coverage is Included in Trust Premium Above	Coverage is Included in Trust Premium Above
City Paid Life Insurance Monthly premium rates Provider- Jefferson Pilot Financial	\$50,000 Coverage \$7.50 per month Dep Cov \$1500 \$0.35 per month	\$45,000 Coverage \$6.75 per month Dep Cov \$1500 \$0.35 per month	\$50,000 Coverage \$7.50 per month Dep Cov \$1500 \$0.35 per month	\$30,000 Coverage \$4.50 per month Dep Cov \$1500 \$0.35 per month
Long Term Disability Insurance Premium rate effective 1-1-2003	Monthly Benefit limit is 2/3 of Base Salary Prem is .981% of base sal Max Cov Sal=\$15,000 Mo Vountary=EE Paid	Monthly Benefit limit is 2/3 of Base Salary Prem is .981% of base sal Max Cov Sal=\$15,000 Mo FACE is Voluntary=EE Paid TCON is Mandatory & City Paid	Monthly Benefit limit is 2/3 of Base Salary Prem is .981% of base sal Max Cov Sal=\$15,000 Mo Voluntary=EE Paid	Monthly Benefit limit is 2/3 of Base Salary Prem is .981% of base sal Max Cov Sal=\$15,000 Mo Voluntary=EE Paid
Supplemental Life Insurance \$10,000 to \$300,000 Optional Employee, Spouse, and Family	Voluntary Employee pays premium Cost Varies by Employee Age	Voluntary Employee pays premium Cost Varies by Employee Age	Voluntary Employee pays premium Cost Varies by Employee Age	Voluntary Employee pays premium Cost Varies by Employee Age
Coverage is available AD&D Insurance Employee Paid Voluntary Employee/Spouse/and Family	Voluntary Employee pays premium Cost Varies by Employee Age	Voluntary Employee pays premium Cost Varies by Employee Age	Voluntary Employee pays premium Cost Varies by Employee Age	Voluntary Employee pays premium Cost Varies by Employee Age
Employee Assistance Plan City Paid	\$4.15 per month	\$4.15 per month	\$4.15 per month	\$4.15 per month
Retiree Health Benefits Retirees have an option to remain under a City plan or enroll in a plan not sponsored by the City and still receive a reimbursement of premium costs up to the maximum amount specified in the MOU. This applies to each bargaining unit shown.	Prem Reimbursed Eff 7/1/02 \$200.00 Month	Prem Reimbursed Eff 7/1/2002 \$140.00 Monthly reimbursement amount	Trust Fund Retiree Option to Continue Cov Reimbursement of up to \$130.00 monthly for premium cost	Trust Fund Coverage Continues Retiree Pays the City for the Difference between the premium and the Max City Contribution amount City Max Contribution Varies by Ret Date See MOU for details Eff 7/02 = \$733 Mo. max Eff 7/03 = \$763 Mo. max

LEAVE PLANS	PETA	FACE / TCON	TEAM	OE3
ACCRUABLE LEAVE-GENERAL	General Leave Hours acrru	e in place of Vacation and Sick Leave Hour	S	
NOTE: Annual hours are broken into an hou	rly rate and the employee acc	crues based on hours worked		
Accrual for 0 - 5 Years of Service				
TOTAL ANNUAL ACCRUAL HRS	192	192 210	192	192
Accrual for 6-10 Years of Service				
TOTAL ANNUAL ACCRUAL HRS	216	216 234	216	216
Accrual for 11-15 Years of Service				
TOTAL ANNUAL ACCRUAL HRS	240	240 258	240	240
Accrual for 15+ Years of Service				
TOTAL ANNUAL ACCRUAL HRS	264	264 282	264	264
Maximum Accruals	1.5 x annual accrual	1.5 x annual accrual	1.5 x annual accrual	1.5 x annual accrual
Excess General Leave Accrual goes	excess to sick leave	excess to sick leave	excess to sick leave	excess to sick leave
to Sick/Sabbatical Bank as shown.	Sick/Sabb limit 300 hrs	Sick/Sabb limit 520 hrs	Sick/Sabb limit 300 hrs	Sick/Sabb limit 350 hrs
Floating Holiday accrues annually				
and hours are not carried over				
Floating Holiday				
(Non-Accruable)	8	8 8	8	8
Holidays	12 days paid	12 days paid	12 days paid	12 days paid
Catastrophic Leave Bank	350 hours/fiscal years for Bargaining Unit	1000 hours/fiscal year for Bargaining Unit. Up to 12 hours of Catastrophic Leave may be used for bereavement-see MOU for rules on using leave.	500 Hours/fiscal year for Bargaining Unit	500 Hours/fiscal year for Bargaining Unit
Bereavement Leave	2 days (16 hours)	See above	N/A	N/A
Emergency Leave Bank	Personal Emergency Time (PET) City Wide Bank	Personal Emergency Time (PET) City Wide Bank	Personal Emergency Time (PET) City Wide Bank	Personal Emergency Time (PET) City Wide Bank

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FIRE and POLICE Units Contract Information	FIRE SWORN	FIRE DISPATCHERS	FREMONT POLICE ASSOCIATION FPA
Contract Eff Date	7/1/1999	7/1/1999	7/1/1999
Contract End Date	6/30/2006	6/30/2006	6/30/2006
PERS Retirement Plan	Eff 6/17/01	Eff 8/11/02	Eff 6-17-2001
Single Highest Year / 1959 Survivor Benefit	3% @ age 50	2.5% @ age 55	3% @ 50
onigro i ngricot i car i rece caritro. Denom			070 © 00
City Cost 7/1/2002	Sworn 11.335%	Non-Sworn 4.506%	11.335%
City Cost 7/1/2002	11.335%	4.506%	11.33376
Member Contribution	9%	8%	9%
*PERS Deductions under IRS code 414(h)(2)			
NOTE: No Employer Pick up of EE cost			
Date of Last Salary Increase	6/30/2002	6/30/2002	6/30/2002
Amount of increase	2%	4%	2%
Date of increase	1/1/2003	1/1/2003	1/1/2003
Amount	1% Market Adjustment	1% Market Adjustment	1% Market Adjustment
Next Scheduled Salary Increases			
Date of increase	7/1/2003	7/1/2003	7/1/2003
Amount	4%	3.185%	4%
Date of increase	1/1/2004	1/1/2004	1/1/2004
Amount	Possible 1% Market Adjustment	Possible 1% Market Adjustment	Possible 1% Market Adjustment
Date of increase	7/1/2004	7/1/2004	7/1/2004
Amount	4%	3.185%	4%
Date of increase	7/1/2005	7/1/2005	7/1/2005
Amount	4%	4%	4%
Date of increase	1/1/2006	1/1/2006	1/1/2006
Amount	Possible 1% Market Adjustment	Possible 1% Market Adjustment	Possible 1% Market Adjustment
Deferred Compensation	Voluntary	Voluntary	Voluntary
•	·	,	·
Uniform (Annual)	\$450	\$450	\$1,500
FTO or Trainer Pay	\$150 per month	\$150 per month	5% of base pay
Special Pay Types	5% of base for Hazmat Assignment	10% of base pay for	5% of base for the following assignments
	10% of Fire Fighter step 5 for ParaMed Pay	Lead Dispatcher Assignment	Detective, Admin Officer, Personnel Officer
	\$60 Mo EMT, 17.5%		Comp Support Officer, Polygraph Officer
	of base pay for Staff Capt		Court Liason/Warrant Officer, Field Training
	Tiller Pay \$.0625 Hr		Officer, Canine Officer, Crime Scene Invest,
	1 moi 1 dy 4.0020 1 m		
			Commercial Enforcement Officer, Semi- permanent Traffic Officers
Educational Incentive Pay	Level 1 = \$ 64 Month	Level 1 = \$ 64 Month	EIP 1= 2.5% of Base
· · · · · · · · · · · · · · · · · · ·	(See MOU for Requirements)	(See MOU for Requirements)	(See MOU for Requirements)
Bilingual Pay	N/A	N/A	\$100 per month
- Innigation ay		1971	\$100 por monar
Acting Pay	5% of Employee Base/Per Pay Period	5% of Employee Base/Per Pay Period	5% of Employee Base/Per Pay Period
Acting Pay			1
	(See MOU for exceptions)	(See MOU for exceptions)	after 40 Hours in assignment
Prem is .981% of base sal			
	2 hours have now (See MOLL for away there)	3 hours have now (See MOLL for every theme)	2 hours have now
Call Back Pay	3 hours base pay (See MOU for exceptions)	3 hours base pay (See MOU for exceptions)	2 hours base pay
Court Pay	N/A	N/A	4 hours base pay (See MOU for details)
Stand By Pay	N/A	N/A	\$100 Week Investigative pay
Longevity Pay Bonus			Eff 7/1/96
. J, .,	Eff 7-1-96	Eff 7-1-96	19 yrs Serv = 2.5% of base
	19 yrs Serv= Add'l 1.8% of base pay	19 yrs Serv= Add'l 1.8% of base pay	Eff 7/1/2001
	Eff 7/1/2001	Eff 7/1/2001	24 years = Add'l 2.3% of base pay
	Lii // 1/2001	Lii 1/1/2001	
	26 years = Add'l 5.8% of base pay	26 years = Add'l 5.8% of base pay	26 years = Add'l 4.6% of base pay
	26 years = Add'l 5.8% of base pay 27 years = Add'l 3.0% of base pay 28 years = Add'l 1.4% of base pay	26 years = Add'l 5.8% of base pay 27 years = Add'l 3.0% of base pay 28 years = Add'l 1.4% of base pay	26 years = Add'l 4.6% of base pay 27 years = Add'l 2.3% of base pay 28 years = Add'l 1.2% of base pay

BENEFIT PLANS AVAILABLE	FIRE SWORN & FIRE DISPATCHERS	FPA
Health Benefit Allowance (HBA)		
The increase in the HBA is limited to the lesser		
of the current Kaiser Family rate or the	Eff 1/1/2003 Kaiser family rate not to exceed \$637	Eff 1/1/2003 Kaiser family rate not to exceed \$637
maximum HBA shown.	Eff 1/1/2004 Kaiser family rate not to exceed \$701	Eff 1/1/2004 Kaiser family rate not to exceed \$701
Excess HBA over premium	Eff 1/1/2005 Kaiser family rate not to exceed \$771	Eff 1/1/2005 Kaiser family rate not to exceed \$771
amount is paid to employee as	Eff 1/1/2006 Kaiser family rate not to exceed \$848	Eff 1/1/2006 Kaiser family rate not to exceed \$848
taxable ABC Cash (cafeteria plan)	,	,
, , ,		
Dental Plan Allowance	Eff 7/1/02	Eff 7-1-2002
	\$158.10 per month/per employee	\$143 per month to Association
	for Dental and LTD coverage	
	Amount paid to Fire Association	Eff 7-1-2003 thru 6/30/06
	Eff 7/1/2003 thru 6/30/05	Max increase of 10% over prior year's premium
	Max increase of 10% over prior year's premium amount	amount or actual premium increased
	or actual premium increase (determined annually).	(determined annually).
	Current Premium Amount - \$167.00	
0't - B-1411's In-common	#05 000 Familians Outroom	#05 000 F
City Paid Life Insurance	\$25,000 Employee Coverage	\$35,000 Employee Coverage
Monthly premium rates	\$3.75 per month	\$5.25 per month \$1500 Dependent Coverage
	\$1500 Dependent Coverage	
	\$0.35 per month	\$0.35 per month
Long Term Disability Insurance		
City Contribution	Included in Dental Plan Allowance above	\$48.16 per month/per employee
		Amount paid to Association
		·
Supplemental Life Insurance	Included in Dental Plan Allowance above	Voluntary
\$10,000 to \$300,000 Voluntary		Employee pays premium
Employee/Spouse/and Family		
AD&D Insurance	Voluntary	Voluntary
Employee Paid Voluntary		Employee pays premium
Employee/Spouse/and Family	Employee pays premium	Employee pays premium
Employee/Spouse/and ramily		
Employee Assistance Plan	\$4.15 per month	\$4.15 per month
City Paid		
Retiree Health Benefits	Varies by Retire. Date & Yrs of Service*	Varies by Retire. Date & Yrs of Service*
	Retired before 11/1/99	Retired on or before 8/1/99
	On or Prior to 11/1/99 \$210.17 per month	Up to 20 years = \$150 per month
	Surviving Spouse benefit = \$100 per month	20 & over = \$210.17 (Kaiser single rate 1/1/02)
	Eff 7/1/2002	Eff 1/1/2002
	Employees who retired on or after 11/2/99:	Employees who retired prior to 8/1/99
	0-24 years = \$10.00 per month per Svc Yr	0-14 years = \$ 0.00
	25 + yrs = Kaiser two-party coverage in effect at retirement.	15-19 years = \$6.50 per month per Svc Yr
	20 · yio Traisor two party coverage in effect at retirement.	20-24 years = \$7.50 per month per Svc Yr
	Surv Spouse Benefits:	25-29 years = \$10.00 per month per Svc Yr
	10-14 Yrs = \$ 90.00	30+ = \$12.00 per month per Sve Yr
	15 Yrs = \$ 97.50	
	16 Yrs + = \$100.00	Eff 7/1/2003
		Same as above for 0-14 and 15-19 years
		20-24 years = Kaiser premium for single party
		coverage in eff on the date of retirement.
*Both units provide for up to 10 years of service		25+ years = Kaiser premium for two party
	1	joans naise promising the purty
credit with other public agencies		coverage in eff on the date of retirement

LEAVE PLANS	FIRE SWORN & FIRE DISPATCHERS	FPA
	Eff 7/1/01	Eff 7/1/01
Vacation	Leave Hrs accrued per hour worked	Leave Hrs accrued per hour worked
	0-5 years = 0.054258	0-5 years = .046154
	6-10 uears = 0.070055	6-10 uears = .057692
	11-15 years = 0.085852	11-15 years = .065385
	16-20 years = 0.097184	16-20 years = .076923
	21-26 years = 0.101305	21-26 years = .080769
	27 years = 0.043613	27 years = .0034615
	28 years = 0.008929	28 years = .011538
		29 years = Zero
Floating Holiday (Non-accruable)	N/A	8
Sick Leave	Eff 7-1-01	Eff 7-1-01
	Leave Hrs accrue per hour worked	Accrues per pay period
	All shifts = .04945 per hour worked	0-24 yrs =Ann/96 hours=3.692 per pay period
		25+ yrs= Annual/48 = 1.846 per pay period
Leave Cap	2 x annual accrual	2 x annual accrual
		excess to sick leave
		Sick/Sabb limit 1040 hrs
Leave liquidation program	None	0-24 years = 6 Sick Leave Days annually
		at 25+ years= none
Holiday Leave / Pay out	12 day bank with pay out options	96 hour bank with payout options
	See Mou for details	See MOU for pay out details
Emergency Leave Bank	Yes/Max 3 shifts for 56 hr	Yes/Max 5 days
(Bereavement)	or 5 days for 40 hr shift	, in the second
1		

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	Fremont Association of	FAME	Unrep Fremont Officials
	Management Employees	SAFETY	"UFO'S" **
Contract Information	FAME	Management	Dep City Mgr / Asst City Mgr (2)
Contract Eff Date	7/1/2001	7/1/2001	7/1/2001
Contract End Date	6/30/2007	6/30/2007	8/11/2002
PERS Retirement Plan	8/11/2002	6/17/2001	
Single Highest Year / 1959 Survivor Benefit	2.5% @ 55	3% @ 50	2.5% @ 55
City Cost 8/11/02	4.506%	11.335%	4.506%
Member Contribution *PERS Deductions under	8%	9%	8%
IRS code 414 (h) (2)	0/00/0000	0/20/0000	C/20/0000
Date of Last Salary Increase Amount of increase	6/30/2002 4%	6/30/2002 3%	6/30/2002 4%
Amount of increase	1% Market Adjustment 12/29/02	1% Market Adjustment 12/29/02	1% Market Adjustment 12/29/02
Next Salary Increase Schedule	7/1/2003	7/1/2003	7/1/2003
Amount of increase	3.185%	3%	3.185%
Date of Increase	7/1/2004	7/1/2004	7/1/2004
Amount of increase	3.185%	4%	3.185%
	Possible 1% Market Adjustment 1/1/04	Possible 1% Market Adjustment 1/1/04	Possible 1% Market Adjustment 1/1/04
Date of Increase	7/1/2005	7/1/2005	7/1/2005
Amount of increase	4%	4%	4%
	Possible 1% Market Adjustment 1/1/06	Possible 1% Market Adjustment 1/1/06	Possible 1% Market Adjustment 1/1/06
Date of Increase	7/1/2006	7/1/2006	7/1/2006
Amount of increase	4%	4%	4%
Deferred Compensation 457 Plan	Voluntary	Voluntary	Annual City Contribution to plan: Assistant City Attorney - \$2,000 Assistant City Manager - \$8,500 Deputy City Manager - \$11,000 Economic Dev Director - \$10,000 Human Resources Director- \$2,000 MARS Director - \$4,000 Neighborhood Resources Mgr - \$2,000 Senior Deputy City Attorney - \$2,000
City Contribution to 401 (a) Def Comp Plan	6/30/2002 2% of base pay	N/A	6/30/2002 2% of base pay
Car Allowance Uniform (Annual)	N/A N/A	N/A \$1,500 PD \$1,000 Fire	Asst. City Attorney - \$450/month Economic Dev Director - \$450/month Redevelopment Agency Dir - \$250/month Asst. City Manager - \$450/month
Anniversary Pay/Bonus	N/A	N/A	N/A
Tuition Reimbursement	Tuition Reimbursement	Tuition Reimbursement	Tuition Reimbursement
	Max \$12,500 Per EE For period of 7/1/02 to 6/30/07	Max \$12,500 Per EE For period of 7/1/02 to 6/30/07	Max \$12,500 Per EE For period of 7/1/02 to 6/30/07

BENEFIT PLANS AVAILABLE	FAME	FAME Safety	Dep City Mgr /Asst City Mgr	
	CalPERS Medical Plans	CalPERS Medical Plans	CalPERS Medical Plans	
Health Benefits Allowance (HBA)	Max HBA	Max HBA	Max HBA	
Max HBA will be the lesser of the total premium	1/1/2003 = \$787	1/1/2003 = \$787	1/1/2003 = \$787	
amounts for Kaiser family, dental family, and	1/1/2004 = \$866*	1/1/2004 = \$866*	1/1/2004 = \$866*	
vision family level or the maximum HBA shown.	1/1/2005 = \$953*	1/1/2005 = \$953*	1/1/2005 = \$953*	
Current year is the actual HBA in effect	1/1/2006 = \$1048*	1/1/2006 = \$1048*	1/1/2006 = \$1048*	
Any excess HBA over premium costs is paid	1/1/2007 = \$1153*	1/1/2007 = \$1153*	1/1/2007 = \$1153*	
to employee as taxable income			1	
(Section 125 Cafeteria Plan)	*These amounts a	are possible maximums, actual amount is based	on an Index-See MOLI for details	
Dental Plan Allowance/Premium (Delta)	1/1/2003	1/1/2003	1/1/2003	
Dental Flan Anowalicen Termain (Belta)	Delta EE = \$ 33.96 Mo	Delta EE = \$ 33.96 Mo	Delta EE = \$ 33.96 Mo	
City contribution included in HBA above	Delta E1 = \$ 62.40 Mo	Delta E1 = \$ 62.40 Mo	Delta E1 = \$ 62.40 Mo	
City Contribution included in FIBA above	Delta E1 = \$ 02.40 Mo	Delta E1 = \$ 62.40 MO Delta E2 = \$ 100.46 Mo	Delta E1 = \$ 62.40 Mo	
			<u> </u>	
	(Paid from HBA above)	(Paid from HBA above)	(Paid from HBA above)	
Vision Care (VSP Plan)	Premium EE= \$8.74	Premium EE= \$8.74	Premium EE= \$8.74	
City contribution included in HBA above	Premium E1=\$13.86	Premium E1=\$13.86	Premium E1=\$13.86	
Premiums effective 1/1/03	Premium E2=\$24.85	Premium E2=\$24.85	Premium E2=\$24.85	
City Paid Life Insurance	\$100,000 Employee Cov	\$100,000 Employee Cov	\$100,000 Employee Cov	
Premium	\$15.00 per month	\$15.00 per month	\$15.00 per month	
	\$1500 Dependent Cov	\$1500 Dependent Cov	\$1500 Dependent Cov	
Premium	\$0.35 per month	\$0.35 per month	\$0.35 per month	
Long Term Disability Insurance	Monthly Benefit limit is	Monthly Benefit limit is	Monthly Benefit limit is	
Premium effective 1-1-2001	2/3 of Base Salary	2/3 of Base Salary	2/3 of Base Salary	
	Prem is .981% of base sal	Prem is .981% of base sal	Prem is .981% of base sal	
Mandatory - Employee Paid	Max Cov Sal=\$15000 Mo	Max Cov Sal=\$15000 Mo	Max Cov Sal=\$15000 Mo	
Supplemental Life Insurance	Voluntary	Voluntary	Voluntary	
\$10,000 to \$300,000 Voluntary	Employee pays premium	Employee pays premium	Employee pays premium	
Employee/Spouse/and Family				
Voluntary Insurance				
AD&D Insurance	Voluntary	Voluntary	Voluntary	
Voluntary Insurance	Employee pays premium	Employee pays premium	Employee pays premium	
Employee/Spouse/and Family		. , , , ,		
Employee Assistance Plan	\$4.15 per month	\$4.15 per month	\$4.15 per month	
City Paid			7///02 1 7///04	
Retiree Health Benefits		efits for employees who retired between		
For information on retiree health benefits	Eff 7/1/99	Eff 7/1/99	Eff 7/1/99	
for employees who retired prior to 7/1/99,	Based on Yrs of Serv	Based on Yrs of Serv	Based on Yrs of Serv	
see the MOU.	0-9 yrs = \$200	0-9 yrs = \$200	0-9 yrs = \$200	
	10-19 yrs = \$225	10-19 yrs = \$225	10-19 yrs = \$225	
	20-29 yrs = \$250	20-29 yrs = \$250	20-29 yrs = \$250	
	30+ yrs = \$275	30+ yrs = \$275	30+ yrs = \$275	
		/02, employees retiring on or after 7/1/01		
	For these units, employees who retired prior to 7/1/01 with 20 or more years of service at the date of retirement will receive the Kaiser premium for single party coverage in effect on 1/1/01 (210.17). Employee who retired prior to 7/1/01 with less			
		nue to receive the amount detailed above.	imployee who retired prior to 771701 with less	
	Effective 7/1/03, employees retiring on or after 7/1/01 with 25+ years of service			
	Employees who retired on or after 7/1/01 with 25+ yrs of service receive the Kaiser 2 party rate in effect 1/1/03 or the date of			
	the employee's retirement, whiche			
NOTE: For this benefit, credit of up to 10 years of ser				

FAME Safety

Dep City Mgr / Asst City Mgr

Yes

FAME

LEAVE PLANS

2021200	.,	i / iiii = Gaioty	zep city ing. //test city ing.
Annual Amounts	Genera	I Leave hours accrue in place of Vacation a	and Sick Leave Hours.
ACCRUABLE LEAVE-GENERAL		1	1
Accrual for 0 - 5 Years of Service	400	400	400
TOTAL ANNUAL ACCRUAL HRS	128	108	128
Accrual for 6-10 Years of Service			
TOTAL ANNUAL ACCRUAL HRS	152	132	152
Accrual for 11-15 Years of Service			
TOTAL ANNUAL ACCRUAL HRS	164	132	164
Accrual for 16+ Years of Service			
TOTAL ANNUAL ACCRUAL HRS	188	See below	188
ADDITIONAL ACCRUAL FOR FAME SAFETY			
Accruable leave / 16-24 years of service	N/A	156	N/A
NON-ACCRUABLE LEAVE			
For 0 - 10 Years of Service			
Non-Accruable	104	80	104
Floating Holiday	8	8	8
TOTAL NON-ACCRUABLE HOURS	112	88	112
For 11-15 Years of Service			
Non-Accruable	116	104	116
Floating Holiday	8	8	8
TOTAL NON-ACCRUABLE HOURS	124	112	124
For OVER 16+ Years of Service			
Ion-Accruable	116	See below	116
Toating Holiday	8	000 201011	8
TOTAL NON-ACCRUABLE HOURS	-		124
ADD'L NON-ACCRUABLE FOR FAME SAFETY	127		127
For 16-24 Years of Service			
Non-Accruable	N/A	104	N/A
Floating Holiday	IN/A	8	IN/A
TOTAL NON-ACCRUABLE HOURS		112	
For 25+ Years of Service		112	
For 25+ Years of Service Non-Accruable	N/A	56	N/A
	IN/A		IN/A
Floating Holiday		56	
TOTAL NON-ACCRUABLE HOURS		112	Lider have an
NOTE: Floating Holiday and non-accruable hours accrue and	,	, , ,	niday nours are
ot available for pay out at any time. See MOU for details on	, , , , , ,	y nours. 1.5 x annual accrual	1 E v annual agent:-!
eave Cap	1.5 x annual accrual		1.5 x annual accrual
	excess to sick leave	excess to sick leave	excess to sick leave
P. 14.0	Sick/Sabb limit 1040 hrs	Sick/Sabb limit 1040 hrs	Sick/Sabb limit 1040 hrs
eave liquidation program	See MOU	See MOU	See FAME MOU
Holiday Leave / Pay out	12 days paid	104 hr bank for sworn	12 days paid
	·= aa,o pa.a	incl floating holiday	.2 00,0 po.0
•			
•	1000 hours/fiscal vr		
Catastrophic Leave Bank	1000 hours/fiscal yr	1000 hours/fiscal yr	
•	1000 hours/fiscal yr for Bargaining Unit 2 days (16 hours)		2 days (16 hours)

NOTE: The Human Resources Department has prepared this benefit summary to provide a convenient reference tool for staff and other agencies. The information has been compiled using current MOU information and is only a brief summary of benefits. Please see the MOU's for specifics. MOU's are posted on the City's Intranet (internal) and Internet sites. The UFO'S (Unrepresented Officials) do not have an MOU but have annual contracts which provide benefits similar to the FAME Memorandum and their benefits may not be exactly the same as the FAME group.

Yes

Emergency Leave Bank

Personal Emergency Time (PET) -City Wide